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FACILITY APPLICATION FORM



I-BHS Facility application form

OMB No. 0930-0106

Please complete this application form to request that your facility be added to SAMHSA's Inventory of Behavioral Health Services (I-BHS). Click here for instructions and more information regarding this form.

(* Indicates a Required Field)

1. FACILITY INFORMATION: 3

Facility Name (1), Facility Name (2), Street Address (1), Street Address (2), City, State, Zip Code, County, Mailing Address, Telephone/Extension, Fax, Director's Name, Director's E-Mail, Website Address (URL)

2. SERVICES PROVIDED (check all that apply, choosing at least one): 3

- Substance Abuse Services: Treatment, Detoxification, Administrative Services, Other Non-Treatment Services
Mental Health Services: Treatment, Administrative Services, Other Non-Treatment Services

I'm not a robot reCAPTCHA

Submit Form

Expiration date: 12/31/2018 See OMB Burden statement at bottom of the instructions page.

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